



**United States Department of State**

***Washington, D.C. 20520***

UNCLASSIFIED

May 31, 2022

**MEMO FOR**

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**FROM:** S/GAC Co-Chair, Erin Eckstein  
S/GAC Co-Chair, Sarah Dominis  
S/GAC PEPFAR Program Manager, Emily Coard  
S/GAC PEPFAR Program Manager, Vanessa Desir

**THROUGH:** S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

**SUBJECT:** PEPFAR Asia Regional Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Asia Regional Operational Plan (ROP) 2022 planning, development and submission. PEPFAR Asia Region, together with the partner governments, civil society and multilateral partners, has planned and submitted a ROP 2022 in alignment with the directives from the ROP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Asia Regional Operational Plan (ROP) 2022 with a total approved budget of \$115,405,000 including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

<b>Overall COP 2022 Budget Table</b>			
	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
<b>TOTAL</b>	<b>97,556,668</b>	<b>17,848,332</b>	<b>115,405,000</b>
<b>Bilateral</b>	<b>97,556,668</b>	<b>17,848,332</b>	<b>115,405,000</b>

The total FY 2023 outlay for ROP 2022 implementation shall not exceed the total approved ROP 2022 budget of \$115,405,000 without additional written approval. Any prior year funds that are not included within this ROP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total ROP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTS Info NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platforms to implement ROP 2022 programming and priorities as outlined below and in the appendix.

#### **ARPA/ESF Funds**

All ARPA ESF funds from ROP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in ROP22/FY2023 on top of the approved ROP22 envelope.

#### **Background**

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 17 and 22-24, 2022 virtual planning meetings and participants in the virtual approval meeting; the final ROP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

#### **Overview of the Region:**

Funding and targets for Asia Regional's Operational Plan 2022 will support PEPFAR Asia Region's vision in partnership with the 12 governments and people throughout the Asia Region Program, to work towards epidemic control by targeting testing to efficiently identify people living with HIV (PLHIV), with targeted HIV treatment and prevention activities to key populations (KPs) and their networks, ensuring all people living with HIV newly diagnosed through PEPFAR resources are immediately linked to treatment, and that PLHIV remain on treatment and remain virally suppressed. ROP 2022 will work to achieve and sustain epidemic control by the end of FY 2023, working toward the ultimate goal that 670,848 PLHIV are on life-saving treatment by the end of FY 2023. The program for ROP 2022 will focus

intensely on enrolling an additional 80,099 PLHIV on treatment in FY2023 and ensuring viral load suppression in 590,543 people across the region.

The 12 countries within the PEPFAR Asia Regional Program were categorized into multiple tiers based upon data available in December 2021 indicating national progress towards epidemic control and 90-90-90 benchmarks: countries at Epidemic Control and 73% community viral load suppression (Cambodia, Thailand); countries at epidemic control that have not achieved 73% community viral load suppression (Nepal); countries near epidemic control and 73% community viral load suppression (Burma); countries with declines in new infections and mortality but not at epidemic control or 73% community viral load suppression (India, Indonesia, Laos, Tajikistan); and countries with increasing new infections or mortality (Kazakhstan, Kyrgyzstan, Papua New Guinea, Philippines).

Category	Countries
Countries at Epidemic Control and 73% community viral load suppression	Cambodia, Thailand
Countries at epidemic control that have not achieved the 73% community viral load suppression	Nepal
Countries near epidemic control and 73% community viral load suppression	Burma (previous year data)
Countries with declines in new infections and mortality but not at epidemic control or 73% community viral load suppression	India, Indonesia, Laos, Tajikistan
Countries with increasing new infections or mortality	Kazakhstan, Kyrgyzstan, Papua New Guinea, Philippines

\*Note: Classifications based on data from AIDSinfo or, if unavailable, PEPFAR country team.

### **Asia Regional Activities Summary:**

To accelerate identification of solutions to address common challenges, a group of activities was designated, beginning in ROP 21 and continuing in ROP 22, to support unifying collaborations across the region. USAID will focus on continued enhancement of regional key populations (KP) technical assistance and KP community service organizations (CSO) capacity, support sustainability planning for CSOs, and collaborate with regional-level stakeholders to accelerate progress towards epidemic control. With these activities the regional USAID team aims to expand transgender health programs, institute a regional learning and knowledge sharing platform, and continue PrEP services as well as enhance linkage for key populations in ROP 22.

CDC will also implement activities on a regional level through the Lab Community of Practice (CoOP) and person-centered care for people who migrate. In ROP 22, the lab CoOP will expand membership to include implementing partners (IPs) and other stakeholders, extend scope of work to include recency surveillance, and focus technical assistance (TA) on specimen transport and quality assurance (QA)/quality control (QC) best practices. For border services, CDC teams in Asia Region will cooperate to expand prevention activities targeted toward high-risk migration corridors, continue engagement with state authorities in relevant geographies and KP networks, and develop regional sessions to encourage information sharing and learning on this topic. The

Capacity Building for Community-Led Monitoring (CLM) activity aims to support, advocate for, and empower community-led organizations to advance their role in accountability of HIV and health programs, with a particular focus on technical assistance to strengthen CSOs' capacity to carry out in-country CLM activities.

**Countries at Epidemic Control and 73% community viral load suppression:**

**PEPFAR Thailand** will enhance HIV prevention testing among key populations and improve strategies to link HIV+ clients to antiretroviral treatment (ART) and re-engage positive cases using index testing and tracking interruptions in treatment. Thailand will continue supporting the national pre-exposure prophylaxis (PrEP) expansion model and scaling up community-based PrEP methods. To improve treatment services, they will increase fidelity of facility-based models and expand the PEPFAR treatment package in community-based settings. The PEPFAR program will maximize telehealth strategies and support implementation of the digital health laboratory system to facilitate viral load (VL) reminders and appointments while expanding community-based VL testing and advocating for community VL testing reimbursement from National programs. PEPFAR Thailand will work collaboratively with Thailand stakeholders to maintain support for all PEPFAR-funded Key Populations led Health Services (KPLHS) sites and support their transition to domestic systems and financing, including through additional, one-time funds of \$260,000.

In ROP22, new activities include:

- Services will continue to move away from direct service delivery, based on specific criteria, to an above site model as part of the PEPFAR Thailand sustainability strategy.

**PEPFAR Cambodia** will continue support for recency testing to ensure results and findings are utilized to guide and focus the public health response. The program will focus on improving HIV index partner elicitation, testing, and other testing modalities to optimize the last-mile case detection and expanding HIV self-testing through private sector and virtual outreach. To further prevention efforts, they will continue to analyze and improve PrEP roll out and expand to community-based organizations (CBOs) while improving KP-friendly service delivery. Finally, the program will continue sustainability planning to empower government and local stakeholder ownership.

In ROP22, new activities include:

- Advocating with the government of Cambodia to enroll more PLHIV and expand benefits under the Health Equity Fund
- Implementing and expanding social enterprise models
- Engaging the private sector for greater availability, quality of care, and improved collaboration with the national program

**Countries at epidemic control that have not achieved the 73% community viral load suppression:**

**PEPFAR Nepal's** strategy for programming will focus on sustainability planning as the PEPFAR team continues to address the gaps toward the 1st and 2nd 90s. To narrow gaps in testing, Nepal will continue to scale-up high positivity, targeted HIV testing approaches

including Social Network Testing and other peer-driven approaches. PEPFAR Nepal will also strengthen quality HIV prevention services, activities supporting stigma and discrimination reduction, and PrEP scale-up for key and priority populations. Treatment activities will support person-centered and differentiated service delivery approaches including integrating Advanced HIV disease management and improving interruptions in treatment (IIT) reporting completeness. Emphasis will also be placed on accelerating viral load coverage (VLC) through strengthening capacity for data use and quality assurance to inform decision making across program areas including VL testing.

In ROP22, new activities include:

- Begin regular mapping of VL testing referral network as well as implementing electronic quality assurance programs for all testing sites.
- Enhance VL services for key populations through community level service delivery points.
- Establish domestic resource mobilization for CSO KP programming

**Countries near epidemic control and 73% community viral load suppression:**

**PEPFAR Burma** will continue to focus on mitigating the impact of the ongoing political upheaval to maintain progress toward HIV epidemic control. In ROP22, PEPFAR will continue to coordinate closely with key stakeholders and strengthen the capacity of key population networks, civil society organizations, and the private sector to ensure continuity of treatment and other HIV services. Additionally, PEPFAR Burma will work closely with stakeholders to monitor HIV commodity supplies, strengthen data collection, and monitoring and evaluation.

In ROP22, new activities include:

- Establish a virtual KP-focused HIV Service Center
- Expand outreach to include hard-to-reach, hidden key populations and their partners
- Implement a mix of optimized HIV testing services including Social Network Testing
- Support medication assisted treatment (MAT) services including rollout of Buprenorphine for people who inject drugs (PWID)
- Integrate Mental Health and Psychosocial Support services into HIV services

**Countries with declines in new infections and mortality but not at epidemic control or 73% community viral load suppression (India, Indonesia, Laos, Tajikistan):**

**PEPFAR India's** prevention activities will include person-centered models that utilize strategies such as integrated services through community-led monitoring (CLM) and continuous quality improvement (CQI), integrating direct service delivery models (DSDM) for PrEP with STI services, leveraging GOI centers for prevention services, and ensuring stigma-free services for key populations and PLHIV. HIV testing services (HTS) in ROP22 will emphasize refined, targeted, and differentiated testing strategies such as index and Social Network Testing to ensure populations at risk are identified. PEPFAR India will bolster continuity of treatment by innovating interventions such as DSDM, multi-month dispensing (MMD), and

Tenofovir/Lamivudine/Dolutegravir (TLD) transition while addressing interruptions to treatment through community-led re-engagement, as well as linking to integrated services such TB Preventive Treatment (TPT). ROP22 viral load coverage activities will involve conducting a diagnostic network optimization (DNO), building lab capacities for patient management and surveillance and implementing quality assurance and accreditation of viral load labs.

In ROP22, new activities include:

- Expand engagement with churches and Faith Based Organizations around prevention messages and HIV services
- Establish a national tiered network labs through robust sample transport system and implement DNO tool for network design, efficiency and resource optimization as well as QA and accreditation of VL Labs
- Review national landscape for CD4 test capacities and build strategic framework to improve advanced disease management

**PEPFAR Indonesia** plans to expand technical assistance (TA) to the Government of Indonesia (GOI) to support roll out of PrEP and case-based surveillance. For testing activities, PEPFAR Indonesia will continue index testing in ROP22 while supporting high-volume sites conducting other testing modalities through data analysis. Viral load coverage will be strengthened through VL network optimization activities such as engagement with CSOs to broaden their capacity to monitor VL commodities. Finally, the program in Indonesia will also improve collaboration and engagement with stakeholders including local health offices, UN agencies and Global Fund to advance above site activities.

In ROP22, new activities or strategy shifts include:

- PEPFAR Indonesia will focus on improving implementation and strengthening impact of ROP 21 strategies.

The **PEPFAR Laos** program will seek to accelerate index testing uptake while also supporting HIV self-testing to strengthen case finding. PEPFAR Laos will also focus on advocacy around decentralization of PrEP and continue to scale up PrEP and demand creation especially among men who have sex with men, transgender people, and serodiscordant couples. PEPFAR Laos will also ensure KP community-led monitoring data is strategically leveraged to improve program planning and as well as streamlining data use to support sustainability planning and address gaps in areas such HIV lab quality systems.

In ROP22, new activities include:

- Establish and improve referral system using peer health educators
- Create a mechanism to respond to clusters of recent infections
- Build and expand a lab information system (LIS)
- Establish & strengthen HIV serology as well as VL & Recency external quality assessment programs

**PEPFAR Tajikistan** will expand PrEP coverage among key populations and other populations with a substantial risk in all PEPFAR sites and advocate for expanded PrEP and MAT coverage with integrated HIV services. Additionally, focus will be placed on integrating viral hepatitis screening & treatment in MAT sites and scale up community-based services including capillary blood testing; PrEP, home-delivery ART and blood collection and transportation for VL testing. Finally, the program will expand support for VL scale up beyond PEPFAR supported sites through activities such as external and internal quality control for VL monitoring. In order to support CLM with a focus on PEPFAR sites, PEPFAR Tajikistan will continue provision of TA on community engagement to prepare for the scale up of CLM to the national level.

In ROP22, new activities include:

- To close gaps in reaching KP groups, the program will collect qualitative data to understand behaviors and needs of key populations, including where they seek information, what health services they need, how they can be reached with HIV interventions.
- Establish Experience Exchange and Approaches Learning School for CBOs and peer workers

**Countries with increasing new infections or mortality (Kazakhstan, Kyrgyzstan, Papua New Guinea, Philippines):**

**PEPFAR Kazakhstan** will build on the recently implemented PrEP program by scaling up nationwide, expanding coverage among KP groups, and a laser focus on training and monitoring implementation. For case finding, the PEPFAR program will expand testing services including Index testing, social network strategies (SNS), HIV self-testing, and Enhanced Peer Outreach Approach (EPOA) among MSM. Additionally, viral load suppression (VLS)-related programming will be supported by granular site management of low-performing sites and populations with low rates of suppression as well as support for diagnostic network optimization. Finally, e-site activities will cover areas such as developing regulatory documents for introducing recency testing into routine practice, improving SI capabilities and systems, strengthening supply chain management, and financial sustainability activities.

In ROP 22, new activities include:

- Developing and implementing a new HIV evidence-based testing algorithm
- Support implementation of new HIV Stigma Index survey
- Treatment services will be optimized by pooled procurement for TLD and DTG-based regimens and updating HIV clinical protocols.

**PEPFAR Kyrgyz Republic** aims to increase patient-centric PrEP coverage to 60% of the highest risk KP utilizing the results of the 2021 BBS through promotion of CSO licensing and certification for community-based PrEP, data quality assessments, and support roll-out of e-PrEP register. The PEPFAR program will improve HTS by expanding HIVST, decentralized delivery of HIVST kits, focusing case finding on men who have sex with men, and online outreach. For treatment gaps, the team will improve case management, expand community distribution, and continue data quality assurance activities. PEPFAR Kyrgyzstan plans to conduct granular site

management (GSM) for low-performing sites to improve suppression and coverage, especially among key populations. Kyrgyzstan will close the gap to epidemic control through policy and above-site activities including advocacy to remove policy barriers like formal registration requirements for MAT services, increasing engagement with the GF, institutionalizing CLM, and routinizing use of HIV recency testing data.

In ROP22, new activities include

- Develop gender and behavior focused counselling and adherence support strategy
- Introducing new community-based services
- Establish legislative basis for decentralized service delivery

**PEPFAR Papua New Guinea (PNG)** program will enhance case finding with peer-driven case finding approaches for key populations including targeted prevention packages to help identify KPs confidentially at different service and outreach points. PEPFAR PNG will continue advocacy for PrEP as well as guidelines development and conduct a PrEP Feasibility Assessment focused on KPs and high-risk populations. To enhance treatment services, the PEPFAR program will enhance DSD models including satellite sites and mobile services. The program will place a focus on VL coverage by strengthening the implementation of point-of-care (POC)/near-POC VL testing and dried blood spot (DBS) collection/processing.

In ROP 22, new activities include:

- Strategize and design the introduction of oral PrEP with a focus on key populations while determining the feasibility of PrEP roll out and current demand levels.
- Develop advocacy strategies that will enable changes to HIV services and policies and adapt the CLM model to other provinces.

During ROP22, **PEPFAR Philippines** will focus on sustaining PrEP rollout from ROP21 with KP-focused and community-led activities to increase awareness, interest, and uptake. The program will also enhance targeted case-finding strategies by targeting community-based screening, EPOA, and index testing, especially among men who have sex with men, transgender people, and people who inject drugs. Additionally, recency surveillance will inform targeted programming and responses. PEPFAR Philippines treatment activities will also see the expansion of sites implementing rapid ART initiation, increased support for TLD initiation for PEPFAR clients, differentiated ART delivery through MMD, and increasing the number of sites with person-centered case management systems. The scale-up of viral load testing will be supported by optimizing the laboratory network for VL testing through the expanded use of the GeneXpert platform Network, bolstering provider competency and addressing other provider-related barriers to VL testing. Policy and advocacy activities will cover areas such as community-based provision of PrEP tailored and stigma-free key populations programming, domestic procurement of medications, and viral load cartridges. Finally, PEPFAR Philippines will continue TA efforts to build the capacity of regional government health offices and CBO local partners.

In ROP22, new activities include:

- Establishing civil society partnerships to strengthen specimen referral for rapid HIV diagnostic confirmatory testing



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- Institutionalize data-driven case management and CQI to include community-led services through public and community-led monitoring systems
- Utilize findings from the DNO to work with the National Reference Lab to fully implement their National HIV VL Scale Up Plan
- Incorporate novel population size estimation methods including social networking apps.
- Implement HIV surveillance in Armed Forces of the Philippines (AFP) to characterize HIV cases and improve understanding of epidemic in military context.
- Piloting service delivery CLM platform

### Funding Summary

All ROP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

COP 2022 Budget Table by Agency - Bilateral									
	Total	New Funding of which, Bilateral							
		Total	FY 2022					FY 2021 GHP-State	FY 2020 GHP-State
			Total	GHP-State	GHP-USAID	GAP			
TOTAL	115,405,000	97,556,668	97,556,668	92,156,360	-	5,400,308	-	-	17,848,332
DOD Total	750,000	48,685	48,685	48,685	-	-	-	-	701,315
DOD	750,000	48,685	48,685	48,685	-	-	-	-	701,315
HHS Total	40,997,184	29,936,906	29,936,906	24,536,598	-	5,400,308	-	-	11,060,278
HHS/CDC	38,839,906	29,858,573	29,858,573	24,458,265	-	5,400,308	-	-	8,981,333
HHS/HRSA	2,157,278	78,333	78,333	78,333	-	-	-	-	2,078,945
STATE Total	423,117	383,869	383,869	383,869	-	-	-	-	39,248
State	291,295	291,295	291,295	291,295	-	-	-	-	-
State/EAP	131,822	92,574	92,574	92,574	-	-	-	-	39,248
USAID Total	73,234,699	67,187,208	67,187,208	67,187,208	-	-	-	-	6,047,491
USAID	73,234,699	67,187,208	67,187,208	67,187,208	-	-	-	-	6,047,491

\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

**GHP-State Funds:** Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

**CDC GAP Funds:** With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

**GHP-USAID Funds:** With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

**Applied Pipeline Funds:** With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved ROP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the ROP 2022 total budget level and documented within ROP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

**Earmarks:** The Asia Region has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during ROP may exceed the original controls assigned to the Asia Region. Upon approval of this memo, the amounts below will become the new earmark controls for the Asia Region. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	41,491,922	41,491,922	-	-
Orphans and Vulnerable Children	2,373,272	2,373,272	-	-
Preventing and Responding to Gender-based Violence	2,247,478	2,247,478	-	-
Water	-	-	-	-

*\* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks*

*\*\* Only GHP-State will count towards the GBV and Water earmarks*

Earmark Budget Table - AB/Y					
AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	3,743,917	3,743,917	-	-	-
Of which, AB/Y	-	-	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	0.0%	N/A	N/A	N/A	N/A

*\*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

### AB/Y Earmark Budget Justification

AB/Y requirement is not applicable as the OU does not have a generalized epidemic.

**COP 2022 Budget Table by Agency and Initiative**

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
<b>TOTAL</b>	97,556,668	17,848,332	-	-	115,405,000
<i>of which, Community-Led Monitoring</i>	2,300,248	100,000	-	-	2,400,248
<i>of which, Core Program</i>	92,951,077	17,717,832	-	-	110,668,909
<i>of which, One-time Conditional Funding</i>	260,000	-	-	-	260,000
<i>of which, OVC (Non-DREAMS)</i>	1,786,658	-	-	-	1,786,658
<i>of which, Surveillance and Public Health Response</i>	258,685	30,500	-	-	289,185
<b>DOD Total</b>	48,685	701,315	-	-	750,000
<i>of which, Core Program</i>	48,685	701,315	-	-	750,000
<b>HHS Total</b>	29,936,906	11,060,278	-	-	40,997,184
<i>of which, Community-Led Monitoring</i>	376,000	-	-	-	376,000
<i>of which, Core Program</i>	29,560,906	11,029,778	-	-	40,590,684
<i>of which, Surveillance and Public Health Response</i>	-	30,500	-	-	30,500
<b>STATE Total</b>	383,869	39,248	-	-	423,117
<i>of which, Core Program</i>	383,869	39,248	-	-	423,117
<b>USAID Total</b>	67,187,208	6,047,491	-	-	73,234,699
<i>of which, Community-Led Monitoring</i>	1,924,248	100,000	-	-	2,024,248
<i>of which, Core Program</i>	62,957,617	5,947,491	-	-	68,905,108
<i>of which, One-time Conditional Funding</i>	260,000	-	-	-	260,000
<i>of which, OVC (Non-DREAMS)</i>	1,786,658	-	-	-	1,786,658
<i>of which, Surveillance and Public Health Response</i>	258,685	-	-	-	258,685

## **FY 2023 Target Summary**

ROP 2022 funds are approved to achieve the following results in FY 2023 (see next page).

Burma	SNU Prioritizations		
		Scale-up: Aggressive	Total
TX_NEW	<15	-	-
	15+	2,028	2,028
	<b>Total</b>	<b>2,028</b>	<b>2,028</b>
TX_CURR	<15	-	-
	15+	12,036	12,036
	<b>Total</b>	<b>12,036</b>	<b>12,036</b>
TX_PVLS	<15	-	-
	15+	6,887	6,887
	<b>Total</b>	<b>6,887</b>	<b>6,887</b>
HTS_SELF	<15	-	-
	15+	3,000	3,000
	<b>Total</b>	<b>3,000</b>	<b>3,000</b>
HTS_TST	<15	-	-
	15+	23,221	23,221
	<b>Total</b>	<b>23,221</b>	<b>23,221</b>
HTS_TST_POS	<15	-	-
	15+	2,209	2,209
	<b>Total</b>	<b>2,209</b>	<b>2,209</b>
HTS_INDEX	<15	-	-
	15+	801	801
	<b>Total</b>	<b>801</b>	<b>801</b>
KP_PREV	<b>Total</b>	<b>27,699</b>	<b>27,699</b>
PrEP_NEW	<b>Total</b>	<b>1,500</b>	<b>1,500</b>
PrEP_CT	<b>Total</b>	<b>600</b>	<b>600</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

India	SNU Prioritizations			
		Scale-up: Saturation	Scale-up: Aggressive	Total
TX_NEW	<15	27	1,448	1,475
	15+	2,903	58,928	61,831
	<b>Total</b>	<b>2,930</b>	<b>60,376</b>	<b>63,306</b>
TX_CURR	<15	1,032	10,484	11,516
	15+	31,807	443,731	475,538
	<b>Total</b>	<b>32,839</b>	<b>454,215</b>	<b>487,054</b>
TX_PVLS	<15	770	9,334	10,104
	15+	28,804	404,043	432,847
	<b>Total</b>	<b>29,574</b>	<b>413,377</b>	<b>442,951</b>
HTS_SELF	<15	-	-	-
	15+	124	1,246	1,370
	<b>Total</b>	<b>124</b>	<b>1,246</b>	<b>1,370</b>
HTS_TST	<15	146	3,987	4,133
	15+	5,291	84,530	89,821
	<b>Total</b>	<b>5,437</b>	<b>88,517</b>	<b>93,954</b>
HTS_TST_POS	<15	21	421	442
	15+	874	14,395	15,269
	<b>Total</b>	<b>895</b>	<b>14,816</b>	<b>15,711</b>
HTS_INDEX	<15	86	1,747	1,833
	15+	4,106	54,035	58,141
	<b>Total</b>	<b>4,192</b>	<b>55,782</b>	<b>59,974</b>
TB_PREV	<15	414	3,517	3,931
	15+	12,654	112,198	124,852
	<b>Total</b>	<b>13,068</b>	<b>115,715</b>	<b>128,783</b>
TX_TB	<15	913	8,381	9,294
	15+	26,456	375,975	402,431
	<b>Total</b>	<b>27,369</b>	<b>384,356</b>	<b>411,725</b>
KP_PREV	<b>Total</b>	<b>9,970</b>	<b>66,044</b>	<b>76,014</b>
KP_MAT	<b>Total</b>	<b>1,284</b>	<b>8,448</b>	<b>9,732</b>
PrEP_NEW	<b>Total</b>	<b>175</b>	<b>1,430</b>	<b>1,605</b>
PrEP_CT	<b>Total</b>	<b>57</b>	<b>1,043</b>	<b>1,100</b>
OVC_SERV	<18	4,797	34,658	39,455
	18+	942	9,603	10,545
	<b>Total</b>	<b>5,739</b>	<b>44,261</b>	<b>50,000</b>
OVC_HIVSTAT	<b>Total</b>	<b>4,797</b>	<b>34,658</b>	<b>39,455</b>

\* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Indonesia		SNU Prioritizations		
		Scale-up: Aggressive	Sustained	Total
TX_NEW	<15	18	44	62
	15+	493	2,107	2,600
	<b>Total</b>	<b>511</b>	<b>2,151</b>	<b>2,662</b>
TX_CURR	<15	230	680	910
	15+	8,817	32,676	41,493
	<b>Total</b>	<b>9,047</b>	<b>33,356</b>	<b>42,403</b>
TX_PVLS	<15	209	594	803
	15+	7,895	29,213	37,108
	<b>Total</b>	<b>8,104</b>	<b>29,807</b>	<b>37,911</b>
HTS_TST	<15	324	764	1,088
	15+	6,327	26,771	33,098
	<b>Total</b>	<b>6,651</b>	<b>27,535</b>	<b>34,186</b>
HTS_TST_POS	<15	18	38	56
	15+	431	1,816	2,247
	<b>Total</b>	<b>449</b>	<b>1,854</b>	<b>2,303</b>
HTS_INDEX	<15	18	48	66
	15+	789	3,300	4,089
	<b>Total</b>	<b>807</b>	<b>3,348</b>	<b>4,155</b>
KP_PREV	<b>Total</b>	-	<b>15,021</b>	<b>15,021</b>

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Kazakhstan		SNU Prioritizations	
		Attained	Total
TX_NEW	<15	-	-
	15+	867	867
	<b>Total</b>	<b>867</b>	<b>867</b>
TX_CURR	<15	-	-
	15+	6,138	6,138
	<b>Total</b>	<b>6,138</b>	<b>6,138</b>
TX_PVLS	<15	-	-
	15+	5,758	5,758
	<b>Total</b>	<b>5,758</b>	<b>5,758</b>
HTS_SELF	<15	-	-
	15+	1,402	1,402
	<b>Total</b>	<b>1,402</b>	<b>1,402</b>
HTS_TST	<15	-	-
	15+	5,475	5,475
	<b>Total</b>	<b>5,475</b>	<b>5,475</b>
HTS_TST_POS	<15	-	-
	15+	686	686
	<b>Total</b>	<b>686</b>	<b>686</b>
HTS_RECENT	<15	-	-
	15+	679	679
	<b>Total</b>	<b>679</b>	<b>679</b>
HTS_INDEX	<15	-	-
	15+	2,766	2,766
	<b>Total</b>	<b>2,766</b>	<b>2,766</b>
PrEP_NEW	<b>Total</b>	<b>34</b>	<b>34</b>
PrEP_CT	<b>Total</b>	<b>27</b>	<b>27</b>

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Kyrgyzstan		SNU Prioritizations	
		Scale-up: Aggressive	Total
TX_NEW	<15	-	-
	15+	524	524
	<b>Total</b>	<b>524</b>	<b>524</b>
TX_CURR	<15	-	-
	15+	5,667	5,667
	<b>Total</b>	<b>5,667</b>	<b>5,667</b>
TX_PVLS	<15	-	-
	15+	5,220	5,220
	<b>Total</b>	<b>5,220</b>	<b>5,220</b>
HTS_SELF	<15	-	-
	15+	2,530	2,530
	<b>Total</b>	<b>2,530</b>	<b>2,530</b>
HTS_TST	<15	-	-
	15+	6,800	6,800
	<b>Total</b>	<b>6,800</b>	<b>6,800</b>
HTS_TST_POS	<15	-	-
	15+	544	544
	<b>Total</b>	<b>544</b>	<b>544</b>
HTS_RECENT	<b>Total</b>	<b>540</b>	<b>540</b>
HTS_INDEX	<15	-	-
	15+	1,382	1,382
	<b>Total</b>	<b>1,382</b>	<b>1,382</b>
KP_MAT	<b>Total</b>	<b>739</b>	<b>739</b>
PrEP_NEW	<b>Total</b>	<b>350</b>	<b>350</b>
PrEP_CT	<b>Total</b>	<b>291</b>	<b>291</b>

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Laos		SNU Prioritizations	
		Scale-up: Aggressive	Total
TX_NEW	<15	-	-
	15+	1,290	1,290
	<b>Total</b>	<b>1,290</b>	<b>1,290</b>
TX_CURR	<15	-	-
	15+	8,821	8,821
	<b>Total</b>	<b>8,821</b>	<b>8,821</b>
TX_PVLS	<15	-	-
	15+	7,019	7,019
	<b>Total</b>	<b>7,019</b>	<b>7,019</b>
HTS_SELF	<15	-	-
	15+	3,925	3,925
	<b>Total</b>	<b>3,925</b>	<b>3,925</b>
HTS_TST	<15	-	-
	15+	4,675	4,675
	<b>Total</b>	<b>4,675</b>	<b>4,675</b>
HTS_TST_POS	<15	-	-
	15+	616	616
	<b>Total</b>	<b>616</b>	<b>616</b>
HTS_RECENT	<b>Total</b>	<b>866</b>	<b>866</b>
HTS_INDEX	<15	-	-
	15+	1,187	1,187
	<b>Total</b>	<b>1,187</b>	<b>1,187</b>
KP_PREV	<b>Total</b>	<b>4,976</b>	<b>4,976</b>
PrEP_NEW	<b>Total</b>	<b>326</b>	<b>326</b>
PrEP_CT	<b>Total</b>	<b>133</b>	<b>133</b>

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Nepal		SNU Prioritizations	
		Scale-up: Aggressive	Total
TX_NEW	<15	108	108
	15+	1,792	1,792
	<b>Total</b>	<b>1,900</b>	<b>1,900</b>
TX_CURR	<15	1,264	1,264
	15+	19,929	19,929
	<b>Total</b>	<b>21,193</b>	<b>21,193</b>
TX_PVLS	<15	1,127	1,127
	15+	17,455	17,455
	<b>Total</b>	<b>18,582</b>	<b>18,582</b>
HTS_SELF	<15	-	-
	15+	12,035	12,035
	<b>Total</b>	<b>12,035</b>	<b>12,035</b>
HTS_TST	<15	1,027	1,027
	15+	13,418	13,418
	<b>Total</b>	<b>14,445</b>	<b>14,445</b>
HTS_TST_POS	<15	76	76
	15+	1,224	1,224
	<b>Total</b>	<b>1,300</b>	<b>1,300</b>
HTS_RECENT	<15	60	60
	15+	2,315	2,315
	<b>Total</b>	<b>2,375</b>	<b>2,375</b>
HTS_INDEX	<15	155	155
	15+	2,184	2,184
	<b>Total</b>	<b>2,339</b>	<b>2,339</b>
TB_PREV	<15	1,284	1,284
	15+	20,257	20,257
	<b>Total</b>	<b>21,541</b>	<b>21,541</b>
KP_PREV	<b>Total</b>	<b>12,373</b>	<b>12,373</b>
PrEP_NEW	<b>Total</b>	<b>4,500</b>	<b>4,500</b>
PrEP_CT	<b>Total</b>	<b>1,350</b>	<b>1,350</b>
PP_PREV	<15	-	-
	15+	8,259	8,259
	<b>Total</b>	<b>8,259</b>	<b>8,259</b>

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Papua New Guinea		SNU Prioritizations	
		Scale-up: Saturation	Total
TX_NEW	<15	-	-
	15+	355	355
	<b>Total</b>	<b>355</b>	<b>355</b>
TX_CURR	<15	7	7
	15+	6,900	6,900
	<b>Total</b>	<b>6,907</b>	<b>6,907</b>
TX_PVLS	<15	7	7
	15+	6,190	6,190
	<b>Total</b>	<b>6,197</b>	<b>6,197</b>
HTS_TST	<15	-	-
	15+	5,507	5,507
	<b>Total</b>	<b>5,507</b>	<b>5,507</b>
HTS_TST_POS	<15	-	-
	15+	371	371
	<b>Total</b>	<b>371</b>	<b>371</b>
HTS_INDEX	<15	-	-
	15+	362	362
	<b>Total</b>	<b>362</b>	<b>362</b>
PrEP_NEW	<b>Total</b>	<b>201</b>	<b>201</b>
PrEP_CT	<b>Total</b>	<b>41</b>	<b>41</b>
GEND_GBV	<b>Total</b>	<b>1,800</b>	<b>1,800</b>

Philippines		SNU Prioritizations	
		Scale-up: Aggressive	Total
TX_NEW	<15	-	-
	15+	3,755	3,755
	<b>Total</b>	<b>3,755</b>	<b>3,755</b>
TX_CURR	<15	49	49
	15+	32,085	32,085
	<b>Total</b>	<b>32,134</b>	<b>32,134</b>
TX_PVLS	<15	29	29
	15+	17,924	17,924
	<b>Total</b>	<b>17,953</b>	<b>17,953</b>
HTS_SELF	<15	-	-
	15+	329	329
	<b>Total</b>	<b>329</b>	<b>329</b>
HTS_TST	<15	-	-
	15+	39,478	39,478
	<b>Total</b>	<b>39,478</b>	<b>39,478</b>
HTS_TST_POS	<15	-	-
	15+	3,950	3,950
	<b>Total</b>	<b>3,950</b>	<b>3,950</b>
HTS_RECENT	<b>Total</b>	<b>179</b>	<b>179</b>
HTS_INDEX	<15	-	-
	15+	5,575	5,575
	<b>Total</b>	<b>5,575</b>	<b>5,575</b>
KP_PREV	<b>Total</b>	<b>35,000</b>	<b>35,000</b>
PrEP_NEW	<b>Total</b>	<b>3,200</b>	<b>3,200</b>
PrEP_CT	<b>Total</b>	<b>2,035</b>	<b>2,035</b>

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Tajikistan		SNU Prioritizations	
		Scale-up: Aggressive	Total
TX_NEW	<15	-	-
	15+	606	606
	<b>Total</b>	<b>606</b>	<b>606</b>
TX_CURR	<15	-	-
	15+	7,787	7,787
	<b>Total</b>	<b>7,787</b>	<b>7,787</b>
TX_PVLS	<15	-	-
	15+	7,168	7,168
	<b>Total</b>	<b>7,168</b>	<b>7,168</b>
HTS_SELF	<15	-	-
	15+	3,000	3,000
	<b>Total</b>	<b>3,000</b>	<b>3,000</b>
HTS_TST	<15	-	-
	15+	9,298	9,298
	<b>Total</b>	<b>9,298</b>	<b>9,298</b>
HTS_TST_POS	<15	-	-
	15+	630	630
	<b>Total</b>	<b>630</b>	<b>630</b>
HTS_RECENT	<15	-	-
	15+	615	615
	<b>Total</b>	<b>615</b>	<b>615</b>
HTS_INDEX	<15	-	-
	15+	1,658	1,658
	<b>Total</b>	<b>1,658</b>	<b>1,658</b>
KP_PREV	<15	-	-
	15+	1,500	1,500
	<b>Total</b>	<b>1,500</b>	<b>1,500</b>
KP_MAT	<15	-	-
	15+	170	170
	<b>Total</b>	<b>170</b>	<b>170</b>
PrEP_NEW	<15	-	-
	15+	300	300
	<b>Total</b>	<b>300</b>	<b>300</b>
PrEP_CT	<15	-	-
	15+	252	252
	<b>Total</b>	<b>252</b>	<b>252</b>

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Thailand		SNU Prioritizations			Total
		Scale-up: Saturation	Scale-up: Aggressive	Sustained	
TX_NEW	<15	-	-	-	-
	15+	781	1,694	331	2,806
	<b>Total</b>	<b>781</b>	<b>1,694</b>	<b>331</b>	<b>2,806</b>
TX_CURR	<15	-	-	-	-
	15+	20,378	16,154	4,176	40,708
	<b>Total</b>	<b>20,378</b>	<b>16,154</b>	<b>4,176</b>	<b>40,708</b>
TX_PVLS	<15	-	-	-	-
	15+	16,746	14,645	3,506	34,897
	<b>Total</b>	<b>16,746</b>	<b>14,645</b>	<b>3,506</b>	<b>34,897</b>
HTS_SELF	<15	-	-	-	-
	15+	519	481	-	1,000
	<b>Total</b>	<b>519</b>	<b>481</b>	<b>-</b>	<b>1,000</b>
HTS_TST	<15	-	-	-	-
	15+	14,534	30,814	1,001	46,349
	<b>Total</b>	<b>14,534</b>	<b>30,814</b>	<b>1,001</b>	<b>46,349</b>
HTS_TST_POS	<15	-	-	-	-
	15+	640	1,073	75	1,788
	<b>Total</b>	<b>640</b>	<b>1,073</b>	<b>75</b>	<b>1,788</b>
HTS_INDEX	<15	-	-	-	-
	15+	419	587	195	1,201
	<b>Total</b>	<b>419</b>	<b>587</b>	<b>195</b>	<b>1,201</b>
KP_PREV	<15	-	-	-	-
	15+	5,424	27,219	988	33,631
	<b>Total</b>	<b>5,424</b>	<b>27,219</b>	<b>988</b>	<b>33,631</b>
PrEP_NEW	<15	-	-	-	-
	15+	1,046	4,124	297	5,467
	<b>Total</b>	<b>1,046</b>	<b>4,124</b>	<b>297</b>	<b>5,467</b>
PrEP_CT	<15	-	-	-	-
	15+	1,326	5,135	398	6,859
	<b>Total</b>	<b>1,326</b>	<b>5,135</b>	<b>398</b>	<b>6,859</b>

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**Partner Management and Stakeholder Engagement:**

Agreements made during ROP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX\_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout ROP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Asia Region's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

## COP21-COP22 Budget Shifts by Funding Agency and Program Area

Funding Agency	COP 21 Budget by Funding Agency and Program Area																
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	M&O	M&O as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	12,658,953	100%	30,397,281	23%	37,512,638	28%	11,344,568	9%	-	0%	34,754,402	26%	16,578,109	12%	2,111,965	2%	0%
DOD	1,088,045	1%	203,332	19%	363,889	33%	128,889	12%	-	0%	323,045	30%	68,890	6%	-	0%	0%
HHS	44,589,380	34%	15,068,028	34%	8,952,052	20%	3,375,914	8%	-	0%	12,739,980	29%	4,353,106	10%	100,300	0%	0%
STATE	722,734	1%	11,436	2%	-	0%	-	0%	-	0%	711,298	98%	-	0%	-	0%	0%
USAID	86,298,804	65%	15,114,485	18%	28,196,697	33%	7,839,765	9%	-	0%	20,980,079	24%	12,156,113	14%	2,011,665	2%	0%

Funding Agency	COP 22 Budget by Funding Agency and Program Area																
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	M&O	M&O as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	35,293,000	100%	25,140,668	22%	31,203,346	27%	10,542,707	9%	-	0%	32,066,497	28%	13,844,528	12%	2,607,254	2%	0%
DOD	750,000	1%	94,244	13%	245,556	33%	125,555	17%	-	0%	184,090	25%	100,555	13%	-	0%	0%
HHS	40,997,184	36%	14,791,125	36%	7,062,798	17%	3,409,392	8%	-	0%	12,036,583	29%	3,606,226	9%	91,060	0%	0%
STATE	423,117	0%	-	0%	-	0%	-	0%	-	0%	423,117	100%	-	0%	-	0%	0%
USAID	73,234,699	63%	10,255,299	14%	23,894,992	33%	7,007,760	10%	-	0%	19,422,707	27%	10,137,747	14%	2,516,194	3%	0%